

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/296,120	04/21/99	705	2761	03628-0400

APPLICANT THOMAS J. REDDIN, ATLANTA, GA; GLENDA M. BEHRLE, ST LOUIS, MO; ROBERT J. GFELLER, ROSWELL, GA; LAUREL M. KIMBROUGH, ATLANTA, GA; RODNEY D. TABERT, ROSWELL, GA; THOMAS C. MCTHENIA JR., NORCROSS, GA; DANIEL J. WARREN, ATLANTA, GA.

CONTINUING DOMESTIC DATA***
VERIFIED

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/26/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 11	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS DANIEL J WARREN
JONES & ASKEW
2400 MONARCH TOWER
3424 PEACHTREE ROAD N E
ATLANTA GA 30326

TITLE METHODS AND SYSTEMS FOR OCCASION-BASED MARKETING

FILING FEE RECEIVED \$2,030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit-
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Bib Data Sheet

CONFIRMATION NO. 7995

SERIAL NUMBER 09/296,120	FILING DATE 04/21/1999 RULE	CLASS 705	GROUP ART UNIT 2162	ATTORNEY DOCKET NO. 03628-0400
APPLICANTS THOMAS J. REDDIN, ATLANTA, GA; GLENDA M. BEHRLE, ST LOUIS, MO; ROBERT J. GFELLER, ROSWELL, GA; LAUREL M. KIMBROUGH, ATLANTA, GA; RODNEY D. TABERT, ROSWELL, GA; THOMAS C. MCTHENIA JR., NORCROSS, GA; DANIEL J. WARREN, ATLANTA, GA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/26/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 11	TOTAL CLAIMS 65 INDEPENDENT CLAIMS 7
ADDRESS 23370				
TITLE METHODS AND SYSTEMS FOR OCCASION-BASED LIFESTYLE MARKETING				
FILING FEE RECEIVED 2030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	